

2009 Rates for Medical, Dental and Vision plans for active employees and COBRA participants

Plan Name	Employee Amount Bi-weekly	Employer Amount Bi-weekly	COBRA Amount Monthly
Medical			
Platinum: Family	\$349.28	\$357.85	\$1,442.55
Employee Plus 1	\$259.97	\$266.37	\$1,073.73
Employee Only	\$118.92	\$167.96	\$585.24
Gold: Family	\$239.57	\$357.85	\$1,218.74
Employee Plus 1	\$178.31	\$266.37	\$907.15
Employee Only	\$74.42	\$167.96	\$494.46
Silver: Family	\$202.42	\$357.85	\$1,142.95
Employee Plus 1	\$150.65	\$266.37	\$850.72
Employee Only	\$59.34	\$167.96	\$463.69
Bronze: Family	\$162.95	\$357.85	\$1,062.43
Employee Plus 1	\$121.28	\$266.37	\$790.81
Employee Only	\$43.33	\$167.96	\$431.03
HDHP: Family	\$146.39	\$357.85	\$1,028.65
Employee Plus 1	\$108.95	\$266.37	\$765.65
Employee Only	\$36.61	\$167.96	\$417.32
Dental			
Family	\$45.45	\$17.23	\$127.87
Single	\$12.54	\$4.32	\$34.39
Vision			
Plan A: Family	\$7.70	n/a	\$15.71
Single	\$2.86	n/a	\$5.83
Plan B: Family	\$8.70	n/a	\$17.75
Single	\$3.36	n/a	\$6.85
Plan C: Family	\$9.48	n/a	\$19.34
Single	\$3.53	n/a	\$7.20